

Fill in this information to identify your case:

Debtor 1	Christopher J Mabry		
	First Name	Middle Name	Last Name
Debtor 2	Katina L Mabry		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-33110		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 156,125.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 156,125.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 55,154.46
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 211,279.46

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 200,966.41
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 200,966.41
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 290.75
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 290.75
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 30,052.75
		Your total liabilities \$ 231,309.91

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 5,274.12
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 5,274.12
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 5,501.54
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 5,501.54

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 8,730.17

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>290.75</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>290.75</u>

Fill in this information to identify your case and this filing:

Debtor 1	Christopher J Mabry		
	First Name	Middle Name	Last Name
Debtor 2	Katina L Mabry		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number	19-33110		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

8439 Pamunkey Road

Street address, if available, or other description

Spotsylvania **VA** **22551-0000**

City State ZIP Code

Spotsylvania

County

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$147,100.00

Current value of the portion you own?

\$147,100.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110****If you own or have more than one, list here:**

1.2

**Great Eastern Resort
Massanutthan Time Share**

Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the
entire property?****\$9,025.00****Current value of the
portion you own?****\$9,025.00****Describe the nature of your ownership interest
(such as fee simple, tenancy by the entireties, or
a life estate), if known.** **Check if this is community property
(see instructions)****Who has an interest in the property? Check one**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

**Other information you wish to add about this item, such as local
property identification number:**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for
pages you have attached for Part 1. Write that number here.....=>

\$156,125.00**Part 2: Describe Your Vehicles****Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that
someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles** No Yes3.1 Make: **Hyundai**Model: **Elantra**Year: **2015**Approximate mileage: **107000**

Other information:

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 **Check if this is community property
(see instructions)**Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the
entire property?****\$4,446.00****Current value of the
portion you own?****\$4,446.00**3.2 Make: **Jeep**Model: **Grand Cherokee**Year: **1997**

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 **Check if this is community property
(see instructions)**Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the
entire property?****\$400.00****Current value of the
portion you own?****\$400.00**

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**\$4,846.00****Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....**Dining Room - china cabinet, bench, filing cabinet, desk, coffee table, end table, wardrobe, table, 4 chairs, nicknacks, wall pictures, curtains & rods, clothing rack****\$222.00****Family Room - couch, end table, lamp, curio cabinet, coffee table, plant stand, rocking chair, fireplace/tv stand, book shelf, wall pictures, ottoman, clock, cat tree, curtains****\$246.00****Kitchen - microwave, dishes, pans, instapot, coffee pot, mixer, bakers rack, knickknacks, refrigerator, stove, dishwasher, toaster****\$468.00****Master Bedroom - dresser w/ mirror, 2 dressers, nightstand, filing cabinet, loveseat, nightstand, pictures, wall shelf, comforter, sewing machine, desk, metal clothing rack, curtains, blinds, mother's jewelry box, dog cage****\$249.00****Child's Bedroom - bed, dresser, desk, metal clothing rack, alarm clock, toys, craft stuff, jewelry box, blanket, sheets, curtains****\$67.00****Bathrooms / linen closet - wall pictures, towels, wash cloths, sheets, blankets, curling iron, flat iron, hair dryer, organizing cabinets, shower curtains****\$69.00****Spare Bedroom - 2 beds, dresser, toys, 2 sheet sets, 2 comforters, curtains****\$72.00****Child's Bedroom - bed, dresser, toys, metal clothing rack, legos, alarm clock, blanket, sheets, curtains****\$64.00****Outside Deck - patio table & chairs, fire pit, canopy****\$55.00**

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.....**4 TVs, video games****\$320.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....**Books****\$20.00****9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....**Clothing, Shoes & Accessories****\$420.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....**Wedding band with diamonds****\$100.00****Costume Jewelry, Watch****\$120.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....**2 dogs, 3 cats****\$250.00****14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110**

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,742.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....**Cash** **\$15.00**17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

17.1. checking	Wells Fargo	\$516.14
17.2. checking	Atlantic Union Bank	\$415.24
17.3. Savings	Wells Fargo	\$139.02
17.4.	Pay Pal	\$0.00

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

United Rentals Stck - 5 shares (not vested until October 2020) **\$0.00**19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them

Issuer name:

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110**

Type of account:	Institution name:	
401K	United Rentals 401K	\$40,243.40
401K	Sodexo 401K	\$2,062.52

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**2018 State Income Tax Refund****State****\$311.00****29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110****Garnished funds held by employer for Capital One Bank****\$3,434.14****31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:**United Rentals, Inc. Term Life
Insurance****\$0.00****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached
for Part 4. Write that number here.....**\$47,136.46****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.Current value of the
portion you own?
Do not deduct secured
claims or exemptions.**38. Accounts receivable or commissions you already earned** No Yes. Describe.....**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe.....**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade** No Yes. Describe.....

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110****Various Thirty One Gifts displays, extra products, business supplies, canopy****\$430.00****41. Inventory**

No
 Yes. Describe.....

42. Interests in partnerships or joint ventures

No
 Yes. Give specific information about them.....
 Name of entity: _____

% of ownership: _____

43. Customer lists, mailing lists, or other compilations

No.
 Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

 No
 Yes. Describe.....

44. Any business-related property you did not already list

No
 Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**\$430.00****Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
 If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

State Income Tax Refund**\$0.00****Federal Income Tax Refund****\$0.00****Interest in Personal Property****\$0.00****Interest in Inheritance****\$0.00****Interest in Class Action Claims****\$0.00**

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110**

Interest in Retirement 100% Exempt	\$0.00
Interest in Unemployment Claims 100% Exempt	\$0.00
Interest in Personal Injury Claims 100% Exempt	\$0.00
Interest in Workmen's Compensation Claims 100% Exempt	\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2	\$156,125.00
56. Part 2: Total vehicles, line 5	\$4,846.00
57. Part 3: Total personal and household items, line 15	\$2,742.00
58. Part 4: Total financial assets, line 36	\$47,136.46
59. Part 5: Total business-related property, line 45	\$430.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
62. Total personal property. Add lines 56 through 61...	\$55,154.46
	Copy personal property total \$55,154.46
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$211,279.46

Fill in this information to identify your case:

Debtor 1	Christopher J Mabry		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Katina L Mabry		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-33110		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
8439 Pamunkey Road Spotsylvania, VA 22551 Spotsylvania County Line from <i>Schedule A/B</i> : 1.1	\$147,100.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Great Eastern Resort Massanutthan Time Share Line from <i>Schedule A/B</i> : 1.2	\$9,025.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
2015 Hyundai Elantra 107000 miles Line from <i>Schedule A/B</i> : 3.1	\$4,446.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
1997 Jeep Grand Cherokee Line from <i>Schedule A/B</i> : 3.2	\$400.00	<input checked="" type="checkbox"/> \$6,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(8)
1997 Jeep Grand Cherokee Line from <i>Schedule A/B</i> : 3.2	\$400.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4

Debtor 1 Christopher J Mabry
Debtor 2 Katina L Mabry

Case number (if known)

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Dining Room - china cabinet, bench, filing cabinet, desk, coffee table, end table, wardrobe, table, 4 chairs, nicknacks, wall pictures, curtains & rods, clothing rack Line from Schedule A/B: 6.1	<u>\$222.00</u>	<input checked="" type="checkbox"/> \$222.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Family Room - couch, end table, lamp, curio cabinet, coffee table, plant stand, rocking chair, fireplace/tv stand, book shelf, wall pictures, ottoman, clock, cat tree, curtains Line from Schedule A/B: 6.2	<u>\$246.00</u>	<input checked="" type="checkbox"/> \$246.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Kitchen - microwave, dishes, pans, instapot, coffee pot, mixer, bakers rack, knickknacks, refrigerator, stove, dishwasher, toaster Line from Schedule A/B: 6.3	<u>\$468.00</u>	<input checked="" type="checkbox"/> \$468.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Master Bedroom - dresser w/ mirror, 2 dressers, nightstand, filing cabinet, loveseat, nightstand, pictures, wall shelf, comforter, sewing machine, desk, metal clothing rack, curtains, blinds, mother's jewelry box, dog cage Line from Schedule A/B: 6.4	<u>\$249.00</u>	<input checked="" type="checkbox"/> \$249.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Child's Bedroom - bed, dresser, desk, metal clothing rack, alarm clock, toys, craft stuff, jewelry box, blanket, sheets, curtains Line from Schedule A/B: 6.5	<u>\$67.00</u>	<input checked="" type="checkbox"/> \$67.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Bathrooms / linen closet - wall pictures, towels, wash cloths, sheets, blankets, curling iron, flat iron, hair dryer, organizing cabinets, shower curtains Line from Schedule A/B: 6.6	<u>\$69.00</u>	<input checked="" type="checkbox"/> \$69.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Spare Bedroom - 2 beds, dresser, toys, 2 sheet sets, 2 comforters, curtains Line from Schedule A/B: 6.7	<u>\$72.00</u>	<input checked="" type="checkbox"/> \$72.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Child's Bedroom - bed, dresser, toys, metal clothing rack, legos, alarm clock, blanket, sheets, curtains Line from Schedule A/B: 6.8	<u>\$64.00</u>	<input checked="" type="checkbox"/> \$64.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Outside Deck - patio table & chairs, fire pit, canopy Line from Schedule A/B: 6.9	<u>\$55.00</u>	<input checked="" type="checkbox"/> \$55.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
4 TVs, video games Line from Schedule A/B: 7.1	<u>\$320.00</u>	<input checked="" type="checkbox"/> \$320.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Books Line from Schedule A/B: 8.1	<u>\$20.00</u>	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Clothing, Shoes & Accessories Line from Schedule A/B: 11.1	<u>\$420.00</u>	<input checked="" type="checkbox"/> \$420.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4)
Wedding band with diamonds Line from Schedule A/B: 12.1	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(1a)
Costume Jewelry, Watch Line from Schedule A/B: 12.2	<u>\$120.00</u>	<input checked="" type="checkbox"/> \$120.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
2 dogs, 3 cats Line from Schedule A/B: 13.1	<u>\$250.00</u>	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(5)
Cash Line from Schedule A/B: 16.1	<u>\$15.00</u>	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
checking: Wells Fargo Line from Schedule A/B: 17.1	<u>\$516.14</u>	<input checked="" type="checkbox"/> \$516.14 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
checking: Atlantic Union Bank Line from Schedule A/B: 17.2	<u>\$415.24</u>	<input checked="" type="checkbox"/> \$415.24 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Savings: Wells Fargo Line from Schedule A/B: 17.3	<u>\$139.02</u>	<input checked="" type="checkbox"/> \$139.02 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
401K: United Rentals 401K Line from Schedule A/B: 21.1	<u>\$40,243.40</u>	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-34

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
401K: United Rentals 401K Line from <i>Schedule A/B: 21.1</i>	\$40,243.40	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	29 U.S.C. § 1056(d)
401K: Sodexo 401K Line from <i>Schedule A/B: 21.2</i>	\$2,062.52	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-34
401K: Sodexo 401K Line from <i>Schedule A/B: 21.2</i>	\$2,062.52	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	29 U.S.C. § 1056(d)
State: 2018 State Income Tax Refund Line from <i>Schedule A/B: 28.1</i>	\$311.00	<input checked="" type="checkbox"/> \$311.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Garnished funds held by employer for Capital One Bank Line from <i>Schedule A/B: 30.1</i>	\$3,434.14	<input checked="" type="checkbox"/> \$3,434.14 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
United Rentals, Inc. Term Life Insurance Line from <i>Schedule A/B: 31.1</i>	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. §§ 38.2-3339, 51.1-510
Various Thirty One Gifts displays, extra products, business supplies, canopy Line from <i>Schedule A/B: 40.1</i>	\$430.00	<input checked="" type="checkbox"/> \$430.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(7)
State Income Tax Refund Line from <i>Schedule A/B: 53.1</i>	\$0.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Federal Income Tax Refund Line from <i>Schedule A/B: 53.2</i>	\$0.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Interest in Personal Property Line from <i>Schedule A/B: 53.3</i>	\$0.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Interest in Inheritance Line from <i>Schedule A/B: 53.4</i>	\$0.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4

Debtor 1 Christopher J Mabry
Debtor 2 Katina L Mabry

Case number (if known)

19-33110

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Interest in Class Action Claims Line from <i>Schedule A/B</i> : 53.5	\$0.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Interest in Retirement 100% Exempt Line from <i>Schedule A/B</i> : 53.6	\$0.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Interest in Retirement 100% Exempt Line from <i>Schedule A/B</i> : 53.6	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-34
Interest in Retirement 100% Exempt Line from <i>Schedule A/B</i> : 53.6	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	29 U.S.C. § 1056(d)
Interest in Unemployment Claims 100% Exempt Line from <i>Schedule A/B</i> : 53.7	\$0.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Interest in Unemployment Claims 100% Exempt Line from <i>Schedule A/B</i> : 53.7	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 60.2-600
Interest in Personal Injury Claims 100% Exempt Line from <i>Schedule A/B</i> : 53.8	\$0.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Interest in Personal Injury Claims 100% Exempt Line from <i>Schedule A/B</i> : 53.8	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-28.1
Interest in Workmen's Compensation Claims 100% Exempt Line from <i>Schedule A/B</i> : 53.9	\$0.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Interest in Workmen's Compensation Claims 100% Exempt Line from <i>Schedule A/B</i> : 53.9	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 65.2-531

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	Christopher J Mabry		
	First Name	Middle Name	Last Name
Debtor 2	Katina L Mabry		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-33110		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Great Eastern Resort Corp	Great Eastern Resort Massanuthan Time Share	\$7,065.98	\$9,025.00	\$0.00
	PO Box 29352 Phoenix, AZ 85038	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Timeshare		

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number **2943**

Debtor 1 **Christopher J Mabry**

Case number (if known)

19-33110

First Name Middle Name Last Name

Debtor 2 **Katina L Mabry**

First Name Middle Name Last Name

2.2 Hyundai Motor Finance

Creditor's Name

**4000 Macarthur Blvd Ste
Newport Beach, CA
92660**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Describe the property that secures the claim:

2015 Hyundai Elantra 107000 miles

\$11,613.00

\$4,446.00

\$7,167.00

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Purchase Money Security**

Opened

Date debt was incurred

05/15

Last 4 digits of account number

9569

2.3 Medical Imaging of Fred

Creditor's Name

**PO Box 7606
Fredericksburg, VA
22404**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Describe the property that secures the claim:

**8439 Pamunkey Road Spotsylvania,
VA 22551 Spotsylvania County**

\$787.57

\$147,100.00

\$787.57

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset)

Date debt was incurred

2011

Last 4 digits of account number

2700

2.4 Mr. Cooper

Creditor's Name

**Attn: Bankruptcy
8950 Cypress Waters
Blvd
Coppell, TX 75019**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Describe the property that secures the claim:

**8439 Pamunkey Road Spotsylvania,
VA 22551 Spotsylvania County**

\$165,868.00

\$147,100.00

\$18,768.00

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Mortgage**

Opened

Date debt was incurred

05/05

Last 4 digits of account number

5455

Debtor 1	Christopher J Mabry			Case number (if known)	19-33110
	First Name	Middle Name	Last Name		
Debtor 2	Katina L Mabry				
	First Name	Middle Name	Last Name		

2.5	Principal Financial Services Creditor's Name	Describe the property that secures the claim: 401K: United Rentals 401K	\$2,172.84	\$40,243.40	\$0.00
-----	--	---	------------	-------------	--------

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Date debt was incurred **8/12/16**

Last 4 digits of account number **oan3**

2.6	Principal Financial Services Creditor's Name	Describe the property that secures the claim: 401K: United Rentals 401K	\$13,459.02	\$40,243.40	\$0.00
-----	--	---	-------------	-------------	--------

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Date debt was incurred **2/9/18**

Last 4 digits of account number **oan4**

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$200,966.41
\$200,966.41

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Christopher J Mabry		
	First Name	Middle Name	Last Name
Debtor 2	Katina L Mabry		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-33110		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Spotsylvania County Treasurer Priority Creditor's Name PO Box 9000 Spotsylvania, VA 22553 Number Street City State Zip Code	Last 4 digits of account number 2547	\$290.75	\$290.75
		When was the debt incurred? 2019		
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Type of PRIORITY unsecured claim:		
		<input type="checkbox"/> Domestic support obligations		
		<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
		<input type="checkbox"/> Other. Specify Personal Property Taxes		

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

4.1	Ally Financial Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 380901 Bloomington, MN 55438 Number Street City State Zip Code	Last 4 digits of account number 1058	\$7,389.58
		When was the debt incurred? Opened 02/14	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Repossessed Automobile - judgment / garnishment</p>			
4.2	American Medical Response Nonpriority Creditor's Name PO Box 1517 Southgate, MI 48195 Number Street City State Zip Code	Last 4 digits of account number 9900	\$173.00
		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Medical</p>			
4.3	Blue & Grey Emerg Phys LLC Nonpriority Creditor's Name PO Box 37877 Philadelphia, PA 19101 Number Street City State Zip Code	Last 4 digits of account number 9881	\$47.02
		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Medical</p>			

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

4.4	Bull City Financial Solutions Nonpriority Creditor's Name 2609 North Duke Street Suite 500 Durham, NC 27704 Number Street City State Zip Code	Last 4 digits of account number 9563	\$207.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 06/18	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Uva Physicians Group	
4.5	Bull City Financial Solutions Nonpriority Creditor's Name 2609 North Duke Street Suite 500 Durham, NC 27704 Number Street City State Zip Code	Last 4 digits of account number 1498	\$402.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 06/18	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Uva Medical Center	
4.6	Bull City Financial Solutions Nonpriority Creditor's Name 2609 North Duke Street Suite 500 Durham, NC 27704 Number Street City State Zip Code	Last 4 digits of account number 9464	\$134.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 10/16	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Uva Physicians Group	

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

4.7	Bull City Financial Solutions Nonpriority Creditor's Name 2609 North Duke Street Suite 500 Durham, NC 27704	Last 4 digits of account number 9462	\$131.00
		When was the debt incurred? Opened 10/16	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Collection Attorney Uva Physicians Group</p>			
4.8	Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	Last 4 digits of account number 7796	\$6,032.00
		When was the debt incurred? Opened 06/06	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Credit Card - Garnishment</p>			
4.9	Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	Last 4 digits of account number 0435	\$4,212.00
		When was the debt incurred? Opened 07/14	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Credit Card - Judgment</p>			

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

4.1 0	Cardiology Assoc of Fred. Nonpriority Creditor's Name Focused Recovery Solutions Inc P.O. Box 63355 Charlotte, NC 28263-3355	Last 4 digits of account number 9907	\$72.04
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Medical _____			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.1 1			
Citibank/Best Buy Nonpriority Creditor's Name Attn: Bankruptcy Po Box 790441 St. Louis, MO 63179			
Last 4 digits of account number 3171			
When was the debt incurred? Opened 09/15			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Charge Account _____			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.1 2			
Deborah S. Jockin, LCSW Nonpriority Creditor's Name 312 Progress Street Suite 200 Fredericksburg, VA 22401			
Last 4 digits of account number Alex Mabry			
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Medical _____			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 3</div> Debt Recovery Solution Nonpriority Creditor's Name Attn: Bankruptcy 6800 Jericho Turnpike Suite 113e Syosset, NY 11791 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2687 \$91.00 When was the debt incurred? Opened 11/20/14 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 11 Verizon
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 4</div> Fredericksburg Christian Healt Nonpriority Creditor's Name 1129 Heatherstone Drive Fredericksburg, VA 22407 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number 0001 \$112.59 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 5</div> Kohls/Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number 1065 \$1,197.00 When was the debt incurred? Opened 08/13 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

4.1 6	<p>Kohls/Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0314</p> <p>When was the debt incurred? Opened 08/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	\$145.00
4.1 7	<p>Labcorp Nonpriority Creditor's Name PO Box 2240 Burlington, NC 27216 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number Multiple Accounts</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>	\$390.80
4.1 8	<p>Mary Washington Hospital Nonpriority Creditor's Name c/o United Consumers PO Box 4466 Woodbridge, VA 22194 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0978</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>	\$190.93

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-331104.1
9**Mary Washington Hospital**

Nonpriority Creditor's Name

2300 Fall Hill Avenue**Suite 101****Fredericksburg, VA 22401**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

6100**\$827.39**

When was the debt incurred?

1999

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical Judgment**4.2
0**Medical Imaging of Fred**

Nonpriority Creditor's Name

PO Box 7606**Fredericksburg, VA 22404**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

8304**\$75.78**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.2
1**PMAB, LLC**

Nonpriority Creditor's Name

Po Box 12150**Charlotte, NC 28220**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

9820**\$76.00**When was the debt incurred? **Opened 07/17**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Collection Attorney Fredericksburg**

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.2 2</div> Portfolio Recovery Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Blvd Norfolk, VA 23502 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8959 When was the debt incurred? Opened 12/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	\$1,232.00
Factoring Company Account Synchrony <input checked="" type="checkbox"/> Other. Specify Bank		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.2 3</div> Portfolio Recovery Assoc Nonpriority Creditor's Name c/o Scott & Associates PO Box 62999 Virginia Beach, VA 23466 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number 8959 When was the debt incurred?		\$1,289.27
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Judgment		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.2 4</div> Prime Care Nonpriority Creditor's Name 2511 Salem Church Road Fredericksburg, VA 22407 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number 8386 When was the debt incurred?		\$251.56
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical		

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-331104.2
5**Quality Dental**

Nonpriority Creditor's Name

**5100 Southpoint Parkway
Fredericksburg, VA 22407**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

8401**\$512.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Judgment**

4.2
6**Radiology Associates of Rich**

Nonpriority Creditor's Name

**PO Box 13343
Richmond, VA 23225**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

5431**\$38.37**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical**

4.2
7**Spotsylvania Hospitalist Group**

Nonpriority Creditor's Name

**PO Box 14099
Belfast, ME 04915**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

4272**\$30.94**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical**

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

4.2 8	Spotsylvania Regional Medical Nonpriority Creditor's Name c/o Creditors Collection Serv PO Box 21504 Roanoke, VA 24018 Number Street City State Zip Code	Last 4 digits of account number 5431	\$58.76
Who incurred the debt? Check one.		When was the debt incurred?	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	
4.2 9	Spotsylvania Regional Medical Nonpriority Creditor's Name c/o Medicredit Inc PO Box 1629 Maryland Heights, MO 63043 Number Street City State Zip Code	Last 4 digits of account number 1988	\$1,022.59
Who incurred the debt? Check one.		When was the debt incurred?	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim:	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	
4.3 0	VA Dermatology & Skin Services Nonpriority Creditor's Name c/o Commonwealth Financial 101 Lafayette Blvd. Fredericksburg, VA 22401 Number Street City State Zip Code	Last 4 digits of account number 2401	\$327.28
Who incurred the debt? Check one.		When was the debt incurred? 5/6/19	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim:	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Judgment	

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

4.3 **1**

Verizon Wireless Nonpriority Creditor's Name Attn: Verizon Wireless Bankruptcy Admin 500 Technology Dr, Ste 550 Weldon Spring, MO 63304 Number Street City State Zip Code	Last 4 digits of account number 0001	\$579.00
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.3 **2**

Virginia Physicians Rheumatol. Nonpriority Creditor's Name 7650 E Parham Road Suite 304 Henrico, VA 23294 Number Street City State Zip Code	Last 4 digits of account number 7186	\$79.20
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Glasser & Glasser PLC
PO Box 3400
Norfolk, VA 23514

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total Claim		
	6a.	6b.	6c.
	6a. Domestic support obligations	6a. \$ 0.00	
	6b. Taxes and certain other debts you owe the government	6b. \$ 290.75	
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00	

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110****Total claims from Part 2**6e. **Total Priority.** Add lines 6a through 6d.6e. \$ **290.75**6f. **Student loans**6f. \$ **0.00**6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**6g. \$ **0.00**6h. **Debts to pension or profit-sharing plans, and other similar debts**6h. \$ **0.00**6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.6i. \$ **30,052.75**6j. **Total Nonpriority.** Add lines 6f through 6i.6j. \$ **30,052.75**

Fill in this information to identify your case:

Debtor 1	Christopher J Mabry		
	First Name	Middle Name	Last Name
Debtor 2	Katina L Mabry		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-33110		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease			State what the contract or lease is for
Name, Number, Street, City, State and ZIP Code			
2.1	<hr/> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>		
2.2	<hr/> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>		
2.3	<hr/> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>		
2.4	<hr/> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>		
2.5	<hr/> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>		

Fill in this information to identify your case:

Debtor 1	Christopher J Mabry		
	First Name	Middle Name	Last Name
Debtor 2	Katina L Mabry		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-33110		

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 Adam Mabry
8439 Pamunkey Road
Spotsylvania, VA 22551

Schedule D, line _____
 Schedule E/F, line 4.1
 Schedule G _____
Ally Financial

Fill in this information to identify your case:

Debtor 1 Christopher J Mabry
Debtor 2 Katina L Mabry
(Spouse, if filing)
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA
Case number 19-33110
(If known)

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Occupation

Debtor 2 or non-filing spouse

Employed
 Not employed

Mechanic

Employer's name

Cafe Worker

United Rentals

Employer's address

Sodexo

2881 Tower View Road
Herndon, VA 20171

9801 Washingtonian Blvd.
Gaithersburg, MD 20878

How long employed there?

5/04 - present

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
--------------	-----------------------------------

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$ <u>7,956.89</u>	\$ <u>1,273.05</u>
3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. \$ <u>7,956.89</u>	\$ <u>1,273.05</u>

Debtor 1 **Christopher J Mabry**
 Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 7,956.89	\$ 1,273.05
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,809.49	\$ 274.56
5b. Mandatory contributions for retirement plans	5b. \$ 716.11	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 38.18
5d. Required repayments of retirement fund loans	5d. \$ 498.33	\$ 0.00
5e. Insurance	5e. \$ 570.96	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: Health FSA	5h.+ \$ 166.66	+ \$ 0.00
AFLAC - Accident	\$ 42.77	\$ 0.00
Voluntary AD&D - Family	\$ 6.24	\$ 0.00
Supplemental Life	\$ 50.16	\$ 0.00
Supplemental Life - Spouse	\$ 7.19	\$ 0.00
Supplemental Life- Child	\$ 1.63	\$ 0.00
United Compassion Fund	\$ 10.83	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 3,880.37	\$ 312.74
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,076.52	\$ 960.31
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ 0.00	\$ 237.29
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ 0.00	\$ 0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive	8f. \$ 0.00	\$ 0.00
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify:		
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 237.29
10. Calculate monthly income. Add line 7 + line 9.	10. \$ 4,076.52 + \$ 1,197.60 = \$ 5,274.12	
Include the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify:		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.		
Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		
	11. +\$ 0.00	0.00
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain:	Co-debtor was employed until May 13, 2019, but was laid off for summer break. Will resume employment 8/9/19 when school reopens for 2019-2020 school year.	
	12. \$ 5,274.12	Combined monthly income

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known) **19-33110**

Fill in this information to identify your case:

Debtor 1 Christopher J Mabry
Debtor 2 Katina L Mabry
(Spouse, if filing)
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA
Case number 19-33110
(If known)

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

Daughter

15 years

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Son

18 years

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,744.55

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<u>0.00</u>
4b. \$	<u>0.00</u>
4c. \$	<u>150.00</u>
4d. \$	<u>0.00</u>
5. \$	<u>0.00</u>

Debtor 1 **Christopher J Mabry**
 Debtor 2 **Katina L Mabry**

Case number (if known) **19-33110**

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 608.00
	6b. Water, sewer, garbage collection	6b. \$ 0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 467.00
	6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 1,000.00	
8. Childcare and children's education costs	8. \$ 0.00	
9. Clothing, laundry, and dry cleaning	9. \$ 150.00	
10. Personal care products and services	10. \$ 150.00	
11. Medical and dental expenses	11. \$ 65.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 250.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 100.00	
14. Charitable contributions and religious donations	14. \$ 0.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 0.00	
15b. Health insurance	15b. \$ 0.00	
15c. Vehicle insurance	15c. \$ 120.00	
15d. Other insurance. Specify: _____	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00	
17. Installment or lease payments:	17a. \$ 451.16	
17b. Car payments for Vehicle 1	17b. \$ 0.00	
17c. Car payments for Vehicle 2	17c. \$ 0.00	
17d. Other. Specify: _____	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.	
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: Timeshare	21. +\$ 145.83	
Pet Food & Care	+\$ 100.00	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 5,501.54	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 5,501.54	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ 5,274.12	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 5,501.54	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ -227.42	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Christopher J Mabry		
	First Name	Middle Name	Last Name
Debtor 2	Katina L Mabry		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-33110		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Christopher J Mabry

Christopher J Mabry
Signature of Debtor 1

Date June 11, 2019

X /s/ Katina L Mabry

Katina L Mabry
Signature of Debtor 2

Date June 11, 2019

Fill in this information to identify your case:

Debtor 1	Christopher J Mabry		
	First Name	Middle Name	Last Name
Debtor 2	Katina L Mabry		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number	19-33110		
(if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.		Sources of income Check all that apply.	
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$0.00 \$794.34

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110**

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$39,342.62	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$5,932.06
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$74,751.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$12,357.00
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$83,465.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$9,603.00
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	2018 Federal Income Tax Refund	\$4,915.00		
For last calendar year: (January 1 to December 31, 2018)	2017 Federal Income Tax Refund	\$4,307.00		
	2017 State Income Tax Refund	\$813.00		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

■ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

 No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Mr. Cooper Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019	4/1/19	\$1,744.55	\$165,868.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Ally Financial Inc vs CHRISTOPHER MABRY, ADAM MABRY GV1700494100	CIVIL JUDGMENT	SPOTSYLVANIA DISTRICT COURT 9111 Courthouse Road Spotsylvania, VA 22553	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded - 7,331.00
Capital One Bank Usa Na vs CHRISTOPHER MABRY GV1800271700	CIVIL JUDGMENT	SPOTSYLVANIA DISTRICT COURT 9111 Courthouse Road Spotsylvania, VA 22553	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded - 5,904.00

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known)

19-33110

Case title Case number	Nature of the case	Court or agency	Status of the case
Capital One Bank vs KATINA MABRY GV1800137000	CIVIL JUDGMENT	SPOTSYLVANIA DISTRICT COURT 9111 Courthouse Road Spotsylvania, VA 22553	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded - 4,084.00
Capital One Bank V Christopher J. Mabry GV18002717-01	Garnishment Summons	Spotsylvania General District Court 9111 Courthouse Road Spotsylvania, VA 22553	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Virginia Dermatology and Skin Surgery Center V. Mabry, Christopher and Katina Lynn GV19001993-00	Warrant in Debt	Fredericksburg General District Court 701 Princess Anne Street Suite 200 Fredericksburg, VA 22401	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	Credit Card - Judgment <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	2019	\$3,434.14

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110****14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?** No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?** No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Ragland & Ragland, PLC 4107 Plank Road Suite B Fredericksburg, VA 22407	\$2,100.00 attorney fees, \$335.00 filing fee, \$22.00 Homestead Deed recording fee, \$80.00 credit reports	5/17/19	\$2,537.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

Debtor 1 Christopher J Mabry
Debtor 2 Katina L Mabry

Case number (if known) 19-33110

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**Case number (if known) **19-33110**

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
Katina Mabry - Independent Consultant 8439 Pamunkey Road Spotsylvania, VA 22551	Independant Sales	Dates business existed EIN: From-To 4/19/16 - present

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known) **19-33110**

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Christopher J Mabry

Christopher J Mabry
Signature of Debtor 1

/s/ Katina L Mabry

Katina L Mabry
Signature of Debtor 2

Date June 11, 2019

Date June 11, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Christopher J Mabry		
	First Name	Middle Name	Last Name
Debtor 2	Katina L Mabry		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-33110		

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name: **Great Eastern Resort Corp**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:
Debtors will retain and continue payments.

No

Yes

Description of property securing debt: **Great Eastern Resort Massanutthan Time Share**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

No

Yes

Creditor's name: **Hyundai Motor Finance**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

Description of property securing debt: **2015 Hyundai Elantra 107000 miles**

Creditor's name: **Medical Imaging of Fred**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.

No

Yes

Description of property securing debt: **8439 Pamunkey Road Spotsylvania, VA 22551**

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known) **19-33110**

property **Spotsylvania County**
securing debt:

Retain the property and [explain]:
avoid lien using 11 U.S.C. § 522(f)

Creditor's **Mr. Cooper**
name:

Surrender the property. No

Description of property **8439 Pamunkey Road**
Spotsylvania, VA 22551
securing debt: **Spotsylvania County**

Retain the property and redeem it. Yes

Retain the property and [explain]:
Debtors will retain collateral and continue monthly payments.

Creditor's **Principal Financial Services**
name:

Surrender the property. No

Description of property **401K: United Rentals 401K**
securing debt:

Retain the property and redeem it. Yes

Retain the property and [explain]:
Debtor will retain collateral and continue payments.

Creditor's **Principal Financial Services**
name:

Surrender the property. No

Description of property **401K: United Rentals 401K**
securing debt:

Retain the property and redeem it. Yes

Retain the property and [explain]:
Debtor will retain collateral and continue payments.

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

No

Debtor 1 **Christopher J Mabry**
Debtor 2 **Katina L Mabry**

Case number (if known) **19-33110**

Description of leased
Property:

Yes

Lessor's name:
Description of leased
Property:

No

Yes

Lessor's name:
Description of leased
Property:

No

Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Christopher J Mabry

Christopher J Mabry

Signature of Debtor 1

X /s/ Katina L Mabry

Katina L Mabry

Signature of Debtor 2

Date

June 11, 2019

Date

June 11, 2019

Fill in this information to identify your case:

Debtor 1 Christopher J Mabry
 Debtor 2 Katina L Mabry
 (Spouse, if filing)
 United States Bankruptcy Court for the: Eastern District of Virginia
 Case number 19-33110
 (if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.
5. Net income from operating a business, profession, or farm

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 7,509.92	\$ 1,165.32
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

6. Net income from rental and other real property

Debtor 1
Gross receipts (before all deductions) \$ 0.00
Ordinary and necessary operating expenses -\$ 0.00
Net monthly income from a business, profession, or farm \$ 0.00
Copy here -> \$ 54.93
\$ 0.00
\$ 54.93
Debtor 1
Gross receipts (before all deductions) \$ 0.00
Ordinary and necessary operating expenses -\$ 0.00
Net monthly income from rental or other real property \$ 0.00
Copy here -> \$ 0.00
\$ 0.00
\$ 0.00

7. Interest, dividends, and royalties

Debtor 1
Debtor 2

Christopher J Mabry
Katina L Mabry

Case number (if known)

19-33110

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
For your spouse \$ **0.00**

**Column A
Debtor 1**

**Column B
Debtor 2 or
non-filing spouse**

\$ **0.00** \$ **0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ **0.00** \$ **0.00**

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

..... \$ **0.00** \$ **0.00**
..... \$ **0.00** \$ **0.00**
..... \$ **0.00** \$ **0.00**

Total amounts from separate pages, if any.

+ \$ 0.00 \$ **0.00**

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **7,509.92** + \$ **1,220.25** = \$ **8,730.17**

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>**

\$ **8,730.17**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

x 12
12b. \$ **104,762.04**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

VA

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household.

13. \$ **105,261.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*.
Go to Part 3.
14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*.
Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Christopher J Mabry

Christopher J Mabry

Signature of Debtor 1

Date **June 11, 2019**

MM / DD / YYYY

X /s/ Katina L Mabry

Katina L Mabry

Signature of Debtor 2

Date **June 11, 2019**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.